

QV 21 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33457

1. PLACE OF DEATH
 County Dallas Registration District No. 242
 Township Franklin Primary Registration District No. 5325
 City Douglasville (No) St. Ward

2. FULL NAME
 (a) Residence No. J. M. Bridges St. Ward.
 (Usual place of abode)
 Length of residence in City or town where death occurred 58 yrs. 8 mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rizze Bridges

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1870-1-22

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-1-1928

17. I HEREBY CERTIFY That I attended deceased from Apr 1928, to 9-10-1928, and that I last saw him alive on 9-10-1928, and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hodgkins Dis
72 B
 (duration) 1 yrs. 2 mos. 0 ds.

CONTRIBUTORY (SECONDARY) W B
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Dallas Co Tex
 (STATE OR COUNTRY)

10. NAME OF FATHER Home Bridges

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lois Vernon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

14. INFORMANT Wm Black
 (Address) Gordon rd

15. FILED 11-10-28 Albert Booth
 REGISTRAR

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. Robinson, M. D.
 , 19 (Address) Roundsburg Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL J. M. Ridge DATE OF BURIAL 10-2-1928

20. UNDERTAKER Louisburg ADDRESS Roundsburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

